## PORT OPERATIONS NOTIFICATION REPORT

By authority of Part 31, Water Resources Protection, of 1994 PA 451, as amended, (Part 31), this form may be used by vessel masters to report operations with no ballast water discharge which are subject to Part 31. The vessel master may use an alternate report form which provides all required information. Failure to properly report this information is a violation of Act 451 and is subject to penalties as provided. The information provided herein is to comply with Part I.A.2. and Part II.C.1. of the Ballast Water Control General Permit, Port Operations and Ballast Water Discharge, General Permit No. MIG14000.

## REPORTS ARE DUE 24 HOURS PRIOR TO PORT OPERATIONS WITHOUT BALLAST WATER DISCHARGE

Please note: All permittees with certificates of coverage under General Permit No. MIG140000, subject to Part I.A.2., Port Operations with No Ballast Water Discharge, are required to complete this form and to submit it via email or fax to the District Office (designated by the destination Port of Operations) as per Part II.C.1. of General Permit No. MIG140000.

| REQUIRED INFORMATION - TO BE COMPLETED BY VESSEL MASTER. (Please type or print.)  |   |                                    |   |
|---|---|------------------------------------|---|
| VESSEL NAME   |   | VESSEL IMO NUMBER                  | COC NUMBER  |
| PORT DESTINATION  |   | ESTIMATED TIME AND DATE OF ARRIVAL | ESTIMATED AMOUNT OF TIME IN PORT                        |
| LAST PORT   |   | COUNTRY OF LAST PORT               |   |
| NEXT PORT   |   | COUNTRY OF NEXT PORT               |   |
| VESSEL CONTACT NAME   |   | REASON FOR PORT OPERATION          |   |
| DATE OF LAST BALLAST WATER<br>MANAGEMENT PRACTICE   | TYPE OF LAST BALLAST WATER MANAGEMENT PRACTICE USED (BALLAST WATER EXCHANGE, SALT WATER FLUSHING, ETC.) |                                    | TOTAL VOLUME AND/OR WEIGHT OF BALLAST<br>WATER ON BOARD |
| I certify that ballast water will not be discharged into waters of the State of Michigan and that the information as provided on this form is true. |   |                                    |   |
| Signature of Vessel Master or Aut   | horized Representative  | Date                               |   |

IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THIS FORM, PLEASE CONTACT THE DEQ DISTRICT OFFICE FOR YOUR DESTINATION PORT AREA.

PLEASE FAX OR EMAIL THE COMPLETED FORM TO THE DISTRICT OFFICE DESIGNATED BY THE DESTINATION PORT AREA AS IDENTIFIED ON THE LIST OF MICHIGAN PORTS ATTACHED TO THE CERTIFICATE OF COVERAGE.